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## BIB DATA SHEET

CONFIRMATION NO. 6309

<b>SERIAL NUMBER</b> 10/685,761	<b>FILING or 371(c) DATE</b> 10/15/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 1291.1121109		
<b>APPLICANTS</b> Thomas W. Davison, North Attelboro, MA; Timothy E. Taylor, Attelboro, MA; Adam Sher, North Dartmouth, MA; <b>** CONTINUING DATA *****</b> This application is a CON of 09/772,605 01/30/2001 PAT 6,800,084 which is a CIP of 09/137,335 08/20/1998 PAT 6,187,000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/13/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VICTOR X NGUYEN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance VN Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> CROMPTON, SEAGER & TUFTE, LLC 1221 NICOLLET AVENUE SUITE 800 MINNEAPOLIS, MN 55403-2420 UNITED STATES						
<b>TITLE</b> Cannula for receiving surgical instruments						
<b>FILING FEE RECEIVED</b> 680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		